

Exhibit B



PO Box 091700
Milwaukee, WI 53209-8700

AHC-218



If you have a question on your statement, please call:
Toll Free 800-326-2250 Mon - Fri, 8:30 am - 5:00 pm
En Español por favor llamar al 866-629-6033

If paying by credit card, fill out below

Check credit card using for payment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Card Number					
Signature			Exp. Date		
Print Name					
Bill Date	Invoice Number	Account Number	Pay This Amount		
05/15/2014	7012	2431	\$22,062.83		
Pay your bill by phone 24 hours a day, 7 days a week at 800-326-2250			Show Amount Paid Here \$		

Addressee

K [REDACTED] M [REDACTED]
999 E MICHIGAN AVE
OAK CREEK WI 53154-2245

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Please make checks payable and remit to:

AURORA HEALTH CARE
PO BOX 091700
MILWAUKEE WI 53209-8700

[REDACTED] 7012 051514 [REDACTED] 2431 0002206283 4

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Please detach and return top portion with payment.

Account Number	Account Name	Bill Date	Due Date
2431	K [REDACTED] M [REDACTED]	05/15/2014	Upon Receipt

DATE	DESCRIPTION	CHARGES	PAYMENTS/ADJUSTMENTS	INSURANCE PENDING	PATIENT BALANCE
Previous Visit Balance - Visit # [REDACTED] - Date of Service - 2/12/2014 to 2/19/2014 - K [REDACTED] M [REDACTED]	CURRENT TOTAL VISIT BALANCE			\$0.00	\$20,652.63
Previous Visit Balance - Visit # [REDACTED] - Date of Service - 2/12/2014 to 2/19/2014 - K [REDACTED] M [REDACTED]	CURRENT TOTAL VISIT BALANCE			\$0.00	\$1,410.20

If you are experiencing financial hardship or are looking for help in determining if you qualify for any Aurora Health Care financial assistance programs, please contact 1-800-326-2250. Program eligibility is based on income and family size. You may be asked to complete an application and supply additional documents to determine which program best suits your needs.

Message:

Your account is seriously past due. Please call Customer Service today to avoid referral to an outside collection agency!

Please Pay This Amount

\$22,062.83

Dear Patient, Thank you for choosing Aurora Health Care. We are committed to providing you with the highest quality medical care. We are also committed to providing you with the most accurate and timely information about your care. This statement is a summary of the services you received and the costs associated with those services. It is important that you review this statement to ensure that all charges are accurate and reflect the services you received. If you have any questions or concerns about your bill, please call the Patient Contact Center at 800-326-2250 or contact us via email at customerservice@aurora.org.

If you have any questions, or updates to your information, please call the Patient Contact Center at 800-326-2250.

Or contact us via email at customerservice@aurora.org.

Se Habla Español 866-629-6033

- If you are having difficulty paying your bill, call 1-800-326-2250 as soon as you receive your statement. We will help you with payment arrangements.
- We have Financial Advocates trained to assess your individual situation and recommend specific assistance programs. Our Financial Advocates are located in all of our hospitals and at many of our clinics.
- If you do not have health insurance and your family income is below 250% of the Federal Poverty Level (FPL)* you may be eligible for our Helping Hand financial assistance program. Please view the chart below to determine if you meet the income guidelines for Helping Hand financial assistance.

Family Size	1	2	3	4	5	6	7	8	9	10
If income level below	\$29,175	\$39,325	\$49,475	\$59,625	\$59,625	\$69,775	\$79,925	\$90,075	\$110,375	\$130,525

*A measure of income level issued annually by the Department of Health and Human Services. Federal poverty levels are used to determine your eligibility for certain programs and benefits.

- You can learn more about Aurora's Financial Programs by visiting our website at www.aurorahealthcare.org/helpinghand or www.aurorahealthcare.org/CollectionProcess or by calling 800-326-2250. The following free information is available to you:
 - Our Financial Assistance brochure and Patient Financial Responsibility brochure-available in English or Spanish.
 - Aurora's Collection and Financial Assistance Policies.

Electronic Check Conversion

When you pay your bill by check, you authorize us to use the information from your check to make a one-time electronic funds transfer from your account; when we process your check electronically, you may not receive your check back from the bank.

Sign up now
Pay your bills online at
Aurora.org/myAurora

